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Intel Legal Team

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Urgent

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Date: 10-Nov-06

To:	Fax:	Art Unit:
Examiner: Ewart, James D. USPTO	(571) 273-8300	2617
From:	Fax:	M/S:
Michael A. Proksch Intel Corporation	503-264-1729	JF3-147
Subject: Application No.: 09/591,015	Docket #: P15401	
Filed: June 9, 2000	Inventor: Peroor Sebastian	

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Derek S. Watson

Date: November 10, 2006

Message:

Included in this transmission:
Fax Cover Sheet (1 page)
Transmittal Form (1 page)
Fee Transmittal (1 page submitted in duplicate)
Preliminary Amendment (9 pages)

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

 13

Application Number	09/591,015
Filing Date	06/09/2000
First Named Inventor	Peroor Sebastian
Art Unit	2617
Examiner Name	Ewart, James D.
Attorney Docket Number	P15401

Total Number of Pages in This Submission	<input checked="" type="checkbox"/> 13	Attorney Docket Number	P15401
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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> - Fax Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Intel Corporation		
Signature	/Michael A. Proksch/Reg. No. 43,021/		
Printed name	Michael A. Proksch		
Date	November 10, 2006	Reg. No.	43,021

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

Typed or printed name

Derek S. Watson

Date 11/10/2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0.00

Complete if Known	
Application Number	09/591,015
Filing Date	06/09/2000
First Named Inventor	Peroor Sebastian
Examiner Name	Ewart, James D.
Art Unit	2617
Attorney Docket No.	P15401

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

		Small Entity	
Each claim over 20 (including Reissues)		Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)		50	25
Multiple dependent claims		200	100
		360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	Michael A. Proksch/Reg. No. 43,021/	Registration No. (Attorney/Agent)	Telephone 503-284-3059
Name (Print/Type)	Michael A. Proksch		Date November 10, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0.00**Complete if Known**

Application Number	09/591,015
Filing Date	08/09/2000
First Named Inventor	Peroor Sebastian
Examiner Name	Ewart, James D.
Art Unit	2617
Attorney Docket No.	P15401

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: **50-0221** Deposit Account Name: **Intel Corporation**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	/Michael A. Proksch/Reg. No. 43,021/	43,021	503-264-3059
Name (Print/Type)	Michael A. Proksch		Date November 10, 2006

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NOV 10 2006

Appl. No.: 09/519,015

Amendment Dated: 11/10/06

Reply to OA of 3/27/06

Attorney Docket No.: P15401

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Sebastian, et al.)
Application No: 09/591,015) Examiner: Ewart, James D.
Filed: June 9, 2000) Art Unit: 2617
For: A CELLULAR WIRELESS RE-USE STRUCTURE)
THAT ALLOWS SPATIAL MULTIPLEXING AND)
DIVERSITY COMMUNICATION)
Mail Stop: RCE
Assistant Commissioner for Patents
Washington, D.C. 20231

SUPPLEMENTAL PRELIMINARY AMENDMENT

Dear Sir:

This supplemental response is provided to the Office Action (hereafter, the Action) mailed March 27th, 2006 and in association with a request for RCE filed on September 27th, 2006 requesting a three (3) month extension of time. In view of the following amendments and subsequent remarks, favorable reconsideration of the above captioned application is respectfully requested.

Atty. Docket No. P15401

-1-

Art Unit 2617